

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

14433

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14433

1. DECEASED-NAME (Type or print) SARA TRESSA BOGART			2a. DATE OF DEATH Oct. 1 1968			2b. HOUR 920A M						
3. SEX Female		4. RACE White		5. DATE OF BIRTH June 15, 1868		6. AGE (In years last birthday) 100 YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN		
7a. BIRTHPLACE (State or foreign country) Prince Edward Island			7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Garrett Md.					
10. CITY OR TOWN OF DEATH Oakland			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Cuppert-Weeks N.H.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife			12b. KIND OF BUSINESS OR INDUSTRY Own home			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.			13b. COUNTY Garrett		13c. CITY OR TOWN Shallmar		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER			
14. FATHER'S NAME First Middle Last William Daniel Grigg			15. MOTHER'S MAIDEN NAME First Middle Last Sara - Baker			16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 120-22-2411			
17. INFORMANT Address Nursing Home Records												
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis, generalized DUE TO, OR AS A CONSEQUENCE OF (c) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 weeks Years			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 4500												
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No. City or Town County State						
22a. I certify that (I) (this hospital) attended the deceased from 2-22-65, 19, to 9-5-68, 19, that (I) (we) saw the deceased alive on 9-5-68, 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE James H. Feaster, Jr., M.D.									22c. DATE SIGNED 10-1-68			
22d. PHYSICIAN'S NAME (Type) James H. Feaster, Jr., M.D.									22e. ADDRESS Oakland, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Oct. 4/68		23c. NAME OF CEMETERY OR CREMATORY Hingham Cemetery			23d. LOCATION (City or Town) (County) (State) Hingham, Plymouth Co. Mass				
24. FUNERAL DIRECTOR Amy Mildred Sharpless, P.O. Kit zmler, Md.						25a. REC'D BY REGISTRAR OCT 4 1968			25b. REGISTRAR'S SIGNATURE Charles Judge			

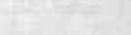
14433

RECEIVED WASHINGTON, D. C. 11/11/54

DEPARTMENT OF HEALTH

14433

1



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
<div style="display: flex; justify-content: space-between;"> 14427 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14434 </div>										
1. DECEASED-NAME (Type or Print) Jeffrey Wayne Buckley						2a. DATE KNOWN OF DEATH <input checked="" type="checkbox"/> Month Oct Day 3 Year 1968		2b. HOUR 20 P.M.		
3. SEX Male	4. RACE Caucasian	5. DATE OF BIRTH 9/30/68	6. AGE (In years last birthday) YRS. 0 MONTHS 3 DAYS 0 HOURS 10	IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN		2c. DATE PRONOUNCED DEAD Month Oct Day 3 Year 1968		2d. HOUR 10 P.M.		
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Garrett				
10. CITY OR TOWN OF DEATH Oakland			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett County Mem. Hosp.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Infant		12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md			13b. COUNTY Garrett		13c. CITY OR TOWN Bloomington		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER	
14. FATHER'S NAME Robert Glenn Buckley			15. MOTHER'S MAIDEN NAME Sandra Kay Warnick							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16b. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Mother - P.O. Box 35, Bloomington, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema and Congestion, Acute DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 7469 (b) Congenital Heart Disease (three chamber) DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes 3 days										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 7545 None										
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County State		
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>										
ACTUAL SIGNATURE Herbert H. Leighton			CHIEF MEDICAL EXAMINER <input type="checkbox"/>			22b. DATE SIGNED 4 Oct 68				
EXAMINER'S NAME (Type) Herbert H. Leighton, M.D.			Asst. DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			Oak @ 5th Sts.				
			ADDRESS (Street, city, town, or county) Oakland, Garrett, Md.							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/5/68		23c. NAME OF CEMETERY OR CREMATORY Garrett Ct. Mem. Gardens		23d. LOCATION (City or Town) (County) (State) Oakland Garrett-Md.				
24. FUNERAL DIRECTOR E. S. Boal			ADDRESS Westernport, Md.			25a. REC'D BY REGISTRAR DATE OCT 7 1968		25b. REGISTRAR'S SIGNATURE J. Charles Judge		

3-10-57

PHYSICAL EXAMINATION (CERTIFICATE OF HEALTH)

14434

Name		Giffrey Wayne		Buckley		X Oct 3 1955:30	
Date		November 2, 1955		Oct 3 1955		Oct 3 1955	
Place		USA		USA		(5:40 pm)	
Address		Oakland		Oakland			
Occupation		Infant		Infant			
Parent(s)		Robert		Glenn Buckley		Ray	
Mother		Mother - Mrs. J. J. Buckley		Father - Mrs. J. J. Buckley			
Diagnosis		Congenital heart disease (three chambers)		Congenital heart disease (three chambers)		Congenital heart disease (three chambers)	
Treatment		None		None		None	
Remarks		X		X		X	
Physician's Signature		Hubert H. Johnston, M.D.		Hubert H. Johnston, M.D.		Hubert H. Johnston, M.D.	
Date		1/2/58		1/2/58		1/2/58	
Place		Oakland, Calif.		Oakland, Calif.		Oakland, Calif.	

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VR 415 (4)
30M REV. 1-1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14428

CERTIFICATE OF DEATH

14435

1. DECEASED-NAME (Type or print) First Middle Last Roy Daniel Comp			2a. DATE OF DEATH Month Day Year October 11, 1968			2b. HOUR 11:35 PM			
3. SEX Male		4. RACE White		5. DATE OF BIRTH July 14, 1898		6. AGE (In years last birthday) 72 YRS.		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Md		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Garrett Md.			
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Men.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Electrician		12b. KIND OF BUSINESS OR INDUSTRY Steel			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md		13b. COUNTY Garrett		13c. CITY OR TOWN Deer Park		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER Church Street	
14. FATHER'S NAME First Middle Last William C. Comp			15. MOTHER'S MAIDEN NAME First Middle Last Bertie Uphold						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) None		17. INFORMANT Mrs. Effie A. Comp		Address Deer Park, Md			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Central Nervous System 4339 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH several years									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 332x									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from 8-2-68 , 19 68 , to 11 Oct 68 , that (I) (we) last saw the deceased alive on 11 Oct 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE Dr. A. E. Mance				DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 12 Oct 68			
22d. PHYSICIAN'S NAME (Type) Dr. A. E. Mance				22e. ADDRESS Oakland, Md. 21550					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-15-68		23c. NAME OF CEMETERY OR CREMATORY Deer Park Cemetery		23d. LOCATION (City or Town) (County) (State) Deer Park Garrett Md			
24. FUNERAL DIRECTOR Robert Kyle Patton Jr.				ADDRESS Hickmiller, Md.		25a. REC'D BY REGISTRAR DATE OCT 16 1968		25b. REGISTRAR'S SIGNATURE Charles Judge	

14432

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11:30

October 11, 1961

Good

Good

Good



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MARYLAND STATE DEPARTMENT OF HEALTH									
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
14429 CERTIFICATE OF DEATH 14436									
1. DECEASED-NAME (Type or print) Dennis			First Middle Last			2a. DATE OF DEATH Month 10 Day 9 Year 68			2b. HOUR 1:43 M
3. SEX Male		4. RACE White		5. DATE OF BIRTH Sept. 28, 1874		6. AGE (In years last birthday) 94 YRS.		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Garrett Md.			
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Memorial H.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Retired Laborer		12b. KIND OF BUSINESS OR INDUSTRY Tin Mill			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13b. COUNTY Allegany		13c. CITY OR TOWN Oldtown		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER None	
14. FATHER'S NAME First Middle Last Joseph Crabtree			15. MOTHER'S MAIDEN NAME First Middle Last Lynda Moreland						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) no (If yes give war or dates of service)		16b. SOCIAL SECURITY NO.		17. INFORMANT Address Mr. Rexford Crabtree, Cumberland, Md.-Son					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema - peripheral vascular Collapse 4109 DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic Cardio-Vascular Disease DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerotic Cardio-Vascular Disease 4201								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 hours 1 week Unknown	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from 8/20 , 19 67 , to 10-9- , 19 68 , that (I) (we) last saw the deceased alive on October 9 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE <i>Herbert H. Leighton, M.D.</i>				DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 10 Oct 1968			
22d. PHYSICIAN'S NAME (Type) Herbert H. Leighton, M.D.				22e. ADDRESS Oak @ 5th Street, Oakland, Md.					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Oct. 12, 1968		23c. NAME OF CEMETERY OR CREMATORY Oldtown Cemetery		23d. LOCATION (City or Town) (County) (State) Oldtown, Md. Allegany			
24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.				25a. REC'D BY REGISTRAR OCT 14 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>			

2032

Joseph: 1940s-1950s
Linda: 1960s-1970s

10-11-11, 11-12-11, 12-13-11, 13-14-11, 14-15-11, 15-16-11, 16-17-11, 17-18-11, 18-19-11, 19-20-11, 20-21-11, 21-22-11, 22-23-11, 23-24-11, 24-25-11, 25-26-11, 26-27-11, 27-28-11, 28-29-11, 29-30-11, 30-31-11, 31-12-11, 1-1-12, 2-12-11, 3-12-11, 4-12-11, 5-12-11, 6-12-11, 7-12-11, 8-12-11, 9-12-11, 10-12-11, 11-12-11, 12-12-11, 13-12-11, 14-12-11, 15-12-11, 16-12-11, 17-12-11, 18-12-11, 19-12-11, 20-12-11, 21-12-11, 22-12-11, 23-12-11, 24-12-11, 25-12-11, 26-12-11, 27-12-11, 28-12-11, 29-12-11, 30-12-11, 31-12-11, 1-1-12, 2-1-12, 3-1-12, 4-1-12, 5-1-12, 6-1-12, 7-1-12, 8-1-12, 9-1-12, 10-1-12, 11-1-12, 12-1-12, 13-1-12, 14-1-12, 15-1-12, 16-1-12, 17-1-12, 18-1-12, 19-1-12, 20-1-12, 21-1-12, 22-1-12, 23-1-12, 24-1-12, 25-1-12, 26-1-12, 27-1-12, 28-1-12, 29-1-12, 30-1-12, 31-1-12, 1-2-12, 2-2-12, 3-2-12, 4-2-12, 5-2-12, 6-2-12, 7-2-12, 8-2-12, 9-2-12, 10-2-12, 11-2-12, 12-2-12, 13-2-12, 14-2-12, 15-2-12, 16-2-12, 17-2-12, 18-2-12, 19-2-12, 20-2-12, 21-2-12, 22-2-12, 23-2-12, 24-2-12, 25-2-12, 26-2-12, 27-2-12, 28-2-12, 29-2-12, 30-2-12, 31-2-12, 1-3-12, 2-3-12, 3-3-12, 4-3-12, 5-3-12, 6-3-12, 7-3-12, 8-3-12, 9-3-12, 10-3-12, 11-3-12, 12-3-12, 13-3-12, 14-3-12, 15-3-12, 16-3-12, 17-3-12, 18-3-12, 19-3-12, 20-3-12, 21-3-12, 22-3-12, 23-3-12, 24-3-12, 25-3-12, 26-3-12, 27-3-12, 28-3-12, 29-3-12, 30-3-12, 31-3-12, 1-4-12, 2-4-12, 3-4-12, 4-4-12, 5-4-12, 6-4-12, 7-4-12, 8-4-12, 9-4-12, 10-4-12, 11-4-12, 12-4-12, 13-4-12, 14-4-12, 15-4-12, 16-4-12, 17-4-12, 18-4-12, 19-4-12, 20-4-12, 21-4-12, 22-4-12, 23-4-12, 24-4-12, 25-4-12, 26-4-12, 27-4-12, 28-4-12, 29-4-12, 30-4-12, 31-4-12, 1-5-12, 2-5-12, 3-5-12, 4-5-12, 5-5-12, 6-5-12, 7-5-12, 8-5-12, 9-5-12, 10-5-12, 11-5-12, 12-5-12, 13-5-12, 14-5-12, 15-5-12, 16-5-12, 17-5-12, 18-5-12, 19-5-12, 20-5-12, 21-5-12, 22-5-12, 23-5-12, 24-5-12, 25-5-12, 26-5-12, 27-5-12, 28-5-12, 29-5-12, 30-5-12, 31-5-12, 1-6-12, 2-6-12, 3-6-12, 4-6-12, 5-6-12, 6-6-12, 7-6-12, 8-6-12, 9-6-12, 10-6-12, 11-6-12, 12-6-12, 13-6-12, 14-6-12, 15-6-12, 16-6-12, 17-6-12, 18-6-12, 19-6-12, 20-6-12, 21-6-12, 22-6-12, 23-6-12, 24-6-12, 25-6-12, 26-6-12, 27-6-12, 28-6-12, 29-6-12, 30-6-12, 31-6-12, 1-7-12, 2-7-12, 3-7-12, 4-7-12, 5-7-12, 6-7-12, 7-7-12, 8-7-12, 9-7-12, 10-7-12, 11-7-12, 12-7-12, 13-7-12, 14-7-12, 15-7-12, 16-7-12, 17-7-12, 18-7-12, 19-7-12, 20-7-12, 21-7-12, 22-7-12, 23-7-12, 24-7-12, 25-7-12, 26-7-12, 27-7-12, 28-7-12, 29-7-12, 30-7-12, 31-7-12, 1-8-12, 2-8-12, 3-8-12, 4-8-12, 5-8-12, 6-8-12, 7-8-12, 8-8-12, 9-8-12, 10-8-12, 11-8-12, 12-8-12, 13-8-12, 14-8-12, 15-8-12, 16-8-12, 17-8-12, 18-8-12, 19-8-12, 20-8-12, 21-8-12, 22-8-12, 23-8-12, 24-8-12, 25-8-12, 26-8-12, 27-8-12, 28-8-12, 29-8-12, 30-8-12, 31-8-12, 1-9-12, 2-9-12, 3-9-12, 4-9-12, 5-9-12, 6-9-12, 7-9-12, 8-9-12, 9-9-12, 10-9-12, 11-9-12, 12-9-12, 13-9-12, 14-9-12, 15-9-12, 16-9-12, 17-9-12, 18-9-12, 19-9-12, 20-9-12, 21-9-12, 22-9-12, 23-9-12, 24-9-12, 25-9-12, 26-9-12, 27-9-12, 28-9-12, 29-9-12, 30-9-12, 31-9-12, 1-10-12, 2-10-12, 3-10-12, 4-10-12, 5-10-12, 6-10-12, 7-10-12, 8-10-12, 9-10-12, 10-10-12, 11-10-12, 12-10-12, 13-10-12, 14-10-12, 15-10-12, 16-10-12, 17-10-12, 18-10-12, 19-10-12, 20-10-12, 21-10-12, 22-10-12, 23-10-12, 24-10-12, 25-10-12, 26-10-12, 27-10-12, 28-10-12, 29-10-12, 30-10-12, 31-10-12, 1-11-12, 2-11-12, 3-11-12, 4-11-12, 5-11-12, 6-11-12, 7-11-12, 8-11-12, 9-11-12, 10-11-12, 11-11-12, 12-11-12, 13-11-12, 14-11-12, 15-11-12, 16-11-12, 17-11-12, 18-11-12, 19-11-12, 20-11-12, 21-11-12, 22-11-12, 23-11-12, 24-11-12, 25-11-12, 26-11-12, 27-11-12, 28-11-12, 29-11-12, 30-11-12, 31-11-12, 1-12-12, 2-12-12, 3-12-12, 4-12-12, 5-12-12, 6-12-12, 7-12-12, 8-12-12, 9-12-12, 10-12-12, 11-12-12, 12-12-12, 13-12-12, 14-12-12, 15-12-12, 16-12-12, 17-12-12, 18-12-12, 19-12-12, 20-12-12, 21-12-12, 22-12-12, 23-12-12, 24-12-12, 25-12-12, 26-12-12, 27-12-12, 28-12-12, 29-12-12, 30-12-12, 31-12-12, 1-1-13, 2-1-13, 3-1-13, 4-1-13, 5-1-13, 6-1-13, 7-1-13, 8-1-13, 9-1-13, 10-1-13, 11-1-13, 12-1-13, 13-1-13, 14-1-13, 15-1-13, 16-1-13, 17-1-13, 18-1-13, 19-1-13, 20-1-13, 21-1-13, 22-1-13, 23-1-13, 24-1-13, 25-1-13, 26-1-13, 27-1-13, 28-1-13

FOR STATE
HEALTH DEPT.

14430

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14437

1. DECEASED-NAME (Type or Print)		First GRACE		Middle ALICE		Last FRIEND		2a. DATE KNOWN OF DEATH ESTIMATED <input checked="" type="checkbox"/> Month Day Year MATED <input type="checkbox"/> 10-20-68 19 6:15 PM			2b. HOUR								
3. SEX Female		4. RACE White		5. DATE OF BIRTH April 28, 1890		6. AGE (In years lost birthday) 78 YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		2c. DATE PRONOUNCED DEAD Month 10 Day 21 Year 1968		2d. HOUR 10 AM					
7a. BIRTHPLACE (State or foreign country) Maryland				7b. CITIZEN OF WHAT COUNTRY? USA				8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>				9. COUNTY OF DEATH Garrett Md.							
10. CITY OR TOWN OF DEATH Sang Run				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) —				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife				12b. KIND OF BUSINESS OR INDUSTRY Own home							
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.				13b. COUNTY Garrett				13c. CITY OR TOWN Sang Run				13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				13e. STREET AND NUMBER —			
14. FATHER'S NAME First Middle Last Stephen DeWitt				15. MOTHER'S MAIDEN NAME First Middle Last Jenny Rodeheaver															
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16b. SOCIAL SECURITY NO. (If yes give war or dates of service) None				17. INFORMANT ADDRESS (Daughter) Mrs. Emory DeWitt, Sang Run, Maryland											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerotic cardio-vascular disease</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Sudden</u> Years												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>4201</u>																			
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>				21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)											
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)				21f. LOCATION Street or R.F.D. No. City or Town County State											
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>																			
ACTUAL SIGNATURE EXAMINER'S NAME (Type) <u>James H. Feaster, Jr., M.D.</u>				CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				22b. DATE SIGNED 10-21-68 ADDRESS (Street, city, town, or county) <u>Oakland, Garr., Md.</u>											
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE Oct. 23, 1968				23c. NAME OF CEMETERY OR CREMATORY Sang Run Cemetery				23d. LOCATION (City or Town) (County) (State) Sang Run, Garr., Md.							
24. FUNERAL DIRECTOR <u>John O. Durst</u>				ADDRESS John O. Durst, Oakland, Maryland				25a. REC'D BY REGISTRAR DATE OCT 23 1968				25b. REGISTRAR'S SIGNATURE							

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pending item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. (Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.)

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
CERTIFICATE OF DEATH											
1. DECEASED-NAME (Type or print)			First Jean			Middle Isabell			Last Griffith		
3. SEX Female			4. RACE White			5. DATE OF BIRTH May 17, 1869			2a. DATE OF DEATH Month Day Year October 18 1968		
7a. BIRTHPLACE (State or foreign country) California			7b. CITIZEN OF WHAT COUNTRY? USA			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Garrett		
10. CITY OR TOWN OF DEATH Oakland			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Oakrest Nursing Home			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife			12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland			13b. COUNTY Allegany			13c. CITY OR TOWN Cumberland			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
14. FATHER'S NAME First Middle Last Archibald Stewart			15. MOTHER'S MAIDEN NAME First Middle Last Isabell			16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown			16b. SOCIAL SECURITY NO.		
17. INFORMANT Laurence D. Griffith			Address 421 Furnace St. Cumberland, Maryland			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: 4339 IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Atherosclerosis</u> DUE TO, OR AS A CONSEQUENCE OF (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hrs 412.		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 332x											
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work			21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from <u>Sept</u> , 19 <u>67</u> , to <u>Oct</u> , 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>16 Oct</u> 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <u>B.L. Grant MD</u>			DEGREE MD			ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22c. DATE SIGNED 21 Oct 68		
22d. PHYSICIAN'S NAME (Type) B.L. Grant MD			22e. ADDRESS Oakland, Md			23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Oct. 21, 1968		
23c. NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park			23d. LOCATION (City or Town) (County) (State) Frostburg Allegany Md.			24. FUNERAL DIRECTOR Philip B. Wendt - Wendt Funeral Home			25a. REC'D BY REGISTRAR OCT 24 1968		
25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>											

100-100000

14488

October 18, 1953

Director

Washington

Room 100

22

October 18, 1953

File

Room 100



[Faint, mostly illegible text covering the main body of the document, possibly a letter or report.]

Very truly yours,
[Signature]

100-100000

October 18, 1953

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 5 (4)
30M REV. 11-68

14432

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14439

1. DECEASED-NAME (Type or print) Daniel Roy Hinebaugh			2a. DATE OF DEATH Month Day Year October 11 1968			2b. HOUR A.M. 10:50			
3. SEX Male		4. RACE White		5. DATE OF BIRTH June 28, 1892		6. AGE (In years last birthday) 78 YRS.		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Garrett, Md.			
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Memorial		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Engineer, Ret.		12b. KIND OF BUSINESS OR INDUSTRY B&O RR			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Garrett		13c. CITY OR TOWN Deer Park		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER	
14. FATHER'S NAME First Middle Last William F. Hinebaugh			15. MOTHER'S MAIDEN NAME First Middle Last Fanny McCröbie						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown No		16b. SOCIAL SECURITY NO. 705-07-6790		17. INFORMANT Address (Grandson) Jack Hinebaugh, Deer Park, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> 4129 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerotic CVD</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Arteriosclerosis General</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>3 sudden years</u>									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 4221									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from 1950 to 1968, that (I) (we) lost the deceased alive on 11 Oct 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE A. E. Mance, M.D.				DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 12 Oct 68			
22d. PHYSICIAN'S NAME (Type) A. E. Mance, M.D.		22e. ADDRESS Oakland, Maryland							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Oct 14 1968		23c. NAME OF CEMETERY OR CREMATORY Deer Park Cem.		23d. LOCATION (City or Town) (County) (State) Deer Park, Garrett, Md.			
24. FUNERAL DIRECTOR John O. Durst				ADDRESS Deer Park, Oakland, Maryland		25a. REC'D BY REGISTRAR DATE OCT 15 1968		25b. REGISTRAR'S SIGNATURE Charles Judge	

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MARYLAND STATE DEPARTMENT OF HEALTH														
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201														
CERTIFICATE OF DEATH														
1. DECEASED-NAME (Type or print)			First		Middle		Last		2a. DATE OF DEATH Month Day Year			2b. HOUR A M		
			Jessie		Edith		Kelly		October 26 1968			7:45		
3. SEX			4. RACE			5. DATE OF BIRTH			6. AGE (In years last birthday)			IF UNDER 1 YEAR MONTHS DAYS		
Female			White			July 4, 1890			78 YRS.			3 22		
7a. BIRTHPLACE (State or foreign country)			7b. CITIZEN OF WHAT COUNTRY?			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH					
West Virginia			USA						Garrett County Md.					
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY					
Oakland			Garrett County Memorial Hospital			Housewife			Home					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY			13c. CITY OR TOWN			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			13e. STREET AND NUMBER		
West Va.			Preston			Masontown								
14. FATHER'S NAME			First		Middle		Last		15. MOTHER'S MAIDEN NAME			First Middle Last		
			Arthur		W.		Carrico		Mary			Fretwell		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown)			(If yes give war or dates of service)			16b. SOCIAL SECURITY NO.			17. INFORMANT			Address		
No									Charles Gilmore			Kingwood, W. Va.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY:														
IMMEDIATE CAUSE (a) Myocardial infarction												None		
410.9 DUE TO, OR AS A CONSEQUENCE OF														
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.														
(b) Ischemic heart disease														
DUE TO, OR AS A CONSEQUENCE OF														
(c) arteriosclerotic cu dis														
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)														
4201														
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED						20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No. City or Town County State								
22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.														
22b. SIGNATURE			DEGREE ATTENDING PHYS. <input type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>						22c. DATE SIGNED					
22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS											
Dr. B. L. Grant M.D.			Oakland, Maryland											
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE			23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City or Town) (County) (State)					
Burial			10/29/68			Masontown Cemetery			Masontown, West Va.					
24. FUNERAL DIRECTOR			ADDRESS			25a. REC'D BY REGISTRAR			25b. REGISTRAR'S SIGNATURE					
Anna Lee Williams			Kingwood, West Va.			DATE OCT 30 1968			Charles Judge					

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 10-100-5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

14434

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14441

1. DECEASED-NAME (Type or Print) Delmos Owen Lambert			2a. DATE KNOWN OF DEATH <input type="checkbox"/> Month <input checked="" type="checkbox"/> Day <input type="checkbox"/> Year Oct 5 1968			2b. HOUR 9:30 P M				
3. SEX Male	4. RACE Cauc.	5. DATE OF BIRTH 2/21/32 1951	6. AGE (In years last birthday) 17 YRS.	IF UNDER 1 YEAR MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/>	IF UNDER 24 HRS HOURS <input type="checkbox"/> MIN <input type="checkbox"/>	2c. DATE PRONOUNCED DEAD Month Oct Day 6 Year 19 68			2d. HOUR 3:00 P M	
7a. BIRTHPLACE (State or foreign country) Beverly, W. Va.		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Garrett Md.				
10. CITY OR TOWN OF DEATH Oakland			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Mem. Hosp.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Student			12b. KIND OF BUSINESS OR INDUSTRY School	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE W. Va.			13b. COUNTY Randolph		13c. CITY OR TOWN Beverly		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER Rt. 1	
14. FATHER'S NAME First Middle Last Dalphin Owen Lambert			15. MOTHER'S MAIDEN NAME First Middle Last Donna Alkire							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16b. SOCIAL SECURITY NO. 234-86-0953		17. INFORMANT ADDRESS Mrs. Donna A. Lambert Beverly, W. Va.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound Skull Fracture - Aspiration of Blood DUE TO, OR AS A CONSEQUENCE OF (b) Automobile Accident DUE TO, OR AS A CONSEQUENCE OF (c) Fracture of pelvis									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Fracture of pelvis										
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21b. TIME OF INJURY Month, Day, Year 9:30 P.M. 10/5 68			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Thrown from automobile				
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Beside highway			21f. LOCATION Street or R.F.D. No. City or Town County State 3 mi. South Rt#90 Bayard Grant W.Va.				
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>										
ACTUAL SIGNATURE Herbert H. Leighton			CHIEF MEDICAL EXAMINER <input type="checkbox"/>			22b. DATE SIGNED 10/6/68				
EXAMINER'S NAME (Type) Herbert H. Leighton, M.D.			ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Oak @ 5th Sta.				
			ADDRESS (Street, city, town, or county) Oakland, Garrett, Md.							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 10/10/68		23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery			23d. LOCATION (City or Town) (County) (State) Tucker, W. Va		
24. FUNERAL DIRECTOR Gerald N. Minnich			ADDRESS Oakland, Maryland			25a. REC'D BY REGISTRAR OCT 16 1968		25b. REGISTRAR'S SIGNATURE J. Charles Judge		

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討論問題

Responsible Agent

Compound Skull Fracture - Evaluation of

1950 10 27 10:47

00:00 - 00:01

FROM THE AUTOMOBILE

James M. Smith

справка от 28.08.2002, в 10



Herbert H. Lehman, N.D.

2000

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner ~~sent~~ along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MEDICAL CERTIFICATION

14435										DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										14442				
MEDICAL EXAMINER'S CERTIFICATE OF DEATH																								
1. DECEASED-NAME (Type or Print)					First Middle Last					2a. DATE KNOWN OF DEATH					2b. DATE PRONOUNCED DEAD					2c. HOUR OF DEATH				
Raymond Leonard Louk										Month Day Year					Month Day Year					p M				
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.														
Male		Cauc.		June 22, 1947		21 YRS.		MONTHS DAYS		HOURS MIN														
7a. BIRTHPLACE (State or foreign country)					7b. CITIZEN OF WHAT COUNTRY?					8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>					9. COUNTY OF DEATH									
West Virginia					USA										Garrett					Md.				
10. CITY OR TOWN OF DEATH					11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)					12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)					12b. KIND OF BUSINESS OR INDUSTRY									
Oakland					Garrett Co. Mem. Hosp.					Carpenter					Wood									
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) - STATE					13b. COUNTY					13c. CITY OR TOWN					13d. INSIDE CITY LIMITS?					13e. STREET AND NUMBER				
W. Va.					Randolph					Beverly					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					Rt. 1				
14. FATHER'S NAME					15. MOTHER'S MAIDEN NAME																			
Jured Louk					Flossie Wegman																			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)					16b. SOCIAL SECURITY NO.					17. INFORMANT					ADDRESS									
no					232-74-3463					Mrs. Kathryn Louk Valley Head, W. Va.														
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)															APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 8189 Badly crushed skull - Crushed chest															Instant.									
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) Automobile Accident																								
(c) DUE TO, OR AS A CONSEQUENCE OF																								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)																								
8244 Fracture Left Femur																								
19a. DATE OF OPERATION					19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?					20. AUTOPSY?														
										YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>														
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>					21b. TIME OF INJURY Month, Day, Year					21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)														
					9:30 P.M. 10/5 1968					Thrown from automobile														
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)					21f. LOCATION Street or R.F.D. No. City or Town County State														
					Near Highway					3 mi. South Rt#90 Bayard Grant W. Va.														
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>																								
ACTUAL SIGNATURE					CHIEF MEDICAL EXAMINER <input type="checkbox"/>					22b. DATE SIGNED														
EXAMINER'S NAME (Type)					DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>					OAK @ 5th Sta.														
Herbert H. Leighton, M.D.					ADDRESS (Street, city, town, or county)					Oakland, Garrett, Md.														
23a. BURIAL, CREMATION, REMOVAL (Specify)					23b. DATE					23c. NAME OF CEMETERY OR CREMATORY					23d. LOCATION (City or Town) (County) (State)									
Burial					10/10/68					Brick Church Cemetery					Huttonsville, W. Va.									
24. FUNERAL DIRECTOR					25a. REC'D BY REGISTRAR					25b. REGISTRAR'S SIGNATURE														
Gerald N. Minnich					Oakland, Maryland					OCT 16 1968					Charles Judge									

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James Bennett - June Bennett (wife)

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Year: 1987

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Herbert H. Richardson

SECRET

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

14438		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				14443	
CERTIFICATE OF DEATH							
1. DECEASED-NAME (Type or print)		First	Middle	Last	2a. DATE OF DEATH Month Day Year		2b. HOUR
CHARLES		HERBERT	LUDWIG	OCTOBER 30, 1968		9:20A	M
3. SEX	4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR MONTHS DAYS
Male	White		Jan. 19, 1916		52 YRS.		IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		9. COUNTY OF DEATH	
Maryland		USA		Garrett		Md.	
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	
Oakland		Garrett Co. Mem. Hosp.		Unemployed years		Coal	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Md.		Garrett		Oakland		Rt 2	
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME		First Middle Last
James		Ludwig	Amanda	Oates			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT			
no		232-09-5383		Lee E. Ludwig Sister Rt 13x62A Winchester, Va.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u>							24 hours
518X DUE TO, OR AS A CONSEQUENCE OF Congestive heart failure							2 weeks
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF Bronchiectasis - Emphysema							5 years
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 526X Right hemiplegia due to cerebral vascular accident							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State			
22a. I certify that (I) (this hospital) attended the deceased from Oct 1966, to Oct 30, 1968, that (I) (we) lost saw the deceased alive on Oct 30, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE		DEGREE		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED	
HERBERT H. LEIGHTON, M.D.		OAK @ 5th Sts., Oakland, Maryland		30 Oct 1968			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)	
Burial		Nov. 2, 1968		I.O.O.F. Cemetery		Elk Garden, Mineral, W.V.	
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE	
Thomas, W. Va., 26292		NOV 4 1968		Charles Judge			

1944

1944

OFFICE OF THE SECRETARY OF DEFENSE

1. Name of the person or organization to whom the report is made: [Illegible]

2. Name of the person or organization making the report: [Illegible]

3. Title of the report: [Illegible]

4. Date of the report: [Illegible]

5. Place of the report: [Illegible]

6. Nature of the report: [Illegible]

7. Summary of the report: [Illegible]

8. Details of the report: [Illegible]

9. Conclusion of the report: [Illegible]

10. Signature of the person making the report: [Illegible]

11. Signature of the person receiving the report: [Illegible]

12. Date of the signature: [Illegible]

13. Place of the signature: [Illegible]

14. Other information: [Illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
<div>14437</div> <div>CERTIFICATE OF DEATH</div> <div>14444</div>											
1. DECEASED-NAME (Type or print) First Middle Last Sylvia Rachael Maffett						2a. DATE OF DEATH Month Day Year October 16 1968			2b. HOUR a 10:15		
3. SEX Female		4. RACE White		5. DATE OF BIRTH Dec. 6, 1893		6. AGE (In years last birthday) 74 YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) New York		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Garrett Md.					
10. CITY OR TOWN OF DEATH Oakland			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Cuppitt-Weeks Nursing			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife			12b. KIND OF BUSINESS OR INDUSTRY Own Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland			13b. COUNTY Garrett		13c. CITY OR TOWN Oakland		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER Rt. 1 Box 252		
14. FATHER'S NAME First Middle Last Rolandus David Fink				15. MOTHER'S MAIDEN NAME First Middle Last Charlotte Bergen							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown) no				16b. SOCIAL SECURITY NO. 217-14-4061		17. INFORMANT Address Hugh Maffett Rt. 1 Oakland, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Atherosclerosis</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Myocardial Infarction</u> DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>Years</u> <u>Years</u>											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) <u>260X</u>											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No. City or Town County State							
22a. I certify that (I) (this hospital) attended the deceased from <u>10:00</u> , 19 <u>68</u> , to <u>16:00</u> , 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>10:00</u> 19 <u>68</u> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <u>A.S. Mancey M.D.</u>				DEGREE M.D.		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED <u>17 Oct 68</u>			
22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/19/68		23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		23d. LOCATION (City or Town) (County) (State) Oakland, Maryland					
24. FUNERAL DIRECTOR <u>Gerald N. Minnich</u>				ADDRESS Oakland, Maryland		25a. REC'D BY REGISTRAR DATE OCT 24 1968		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>			

1944

1944

2025 COMMONS
CHURCHMAN
DOWN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be completed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

14438

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14445

CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print) Charles			First Charles			Middle (None)			Last Povish			2a. DATE OF DEATH Month October Day 14 Year 1968			2b. HOUR 3:15 PM		
3. SEX Male			4. RACE White			5. DATE OF BIRTH Aug. 3, 1899			6. AGE (In years lost birthday) 69 YRS.			IF UNDER 1 YEAR MONTHS DAYS 			IF UNDER 24 HRS. HOURS MIN. 		
7a. BIRTHPLACE (State or foreign country) Lithuania			7b. CITIZEN OF WHAT COUNTRY? U.S.A.			8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Garrett Md.								
10. CITY OR TOWN OF DEATH Oakland			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Memorial			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Miner-retired			12b. KIND OF BUSINESS OR INDUSTRY Coal Mines								
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland			13b. COUNTY Garrett			13c. CITY OR TOWN Kitzmilller			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			13e. STREET AND NUMBER Center Street					
14. FATHER'S NAME Joseph Povish			First Joseph			Middle Povish			15. MOTHER'S MAIDEN NAME Paulina			First Paulina			Middle - Last Stulgaitis		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown NO			(If yes give war or dates of service)			16b. SOCIAL SECURITY NO. 217-03-8462			17. INFORMANT Address Mrs. Mary Povish, Kitzmilller, Md.								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema - Terminal Pneumonia 1621 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Melanotic Carcinoma DUE TO, OR AS A CONSEQUENCE OF (c) Carcinoma of Right Lung APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 weeks 1 Year 1 Year +																	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 163X																	
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)											
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work at work			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No. City or Town County State											
22a. I certify that (I) (this hospital) attended the deceased from Jan 25, 1965 , to Oct 14, 1968 , that (I) (we) last saw the deceased alive on Oct 14, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.																	
22b. SIGNATURE Herbert H. Leighton			DEGREE M.D.			ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22c. DATE SIGNED 15 Oct 68								
22d. PHYSICIAN'S NAME (Type) Herbert H. Leighton, M.D.			22e. ADDRESS Oakland, Md. 21550														
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Oct. 17/68			23c. NAME OF CEMETERY OR CREMATORY Kalbaugh Cemetery			23d. LOCATION (City or Town) (County) (State) Elk Garden, Mineral Co. W. Va.								
24. FUNERAL DIRECTOR Amey Mildred Sharpless			ADDRESS Blairstown, W. Va.			25a. REC'D BY REGISTRAR P.O. KITZMILLER, MD			25b. REGISTRAR'S SIGNATURE Charles Judge			DATE OCT 18 1968					

1944

RECEIVED
FEB 11 1944
U.S. DEPT. OF AGRICULTURE
WASHINGTON, D.C.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR 1514
30M RE 10/14/68

MARYLAND STATE DEPARTMENT OF HEALTH														
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201														
CERTIFICATE OF DEATH														
1. DECEASED-NAME (Type or print) DAISY (NMI) SAVAGE						2a. DATE OF DEATH October 9, Day 68 Year			2b. HOUR 11:58					
3. SEX Female			4. RACE White			5. DATE OF BIRTH June 20, 1886			6. AGE (In years as birthday) 82 YRS.		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS. HOURS MIN.			
7a. BIRTHPLACE (State or foreign country) Maryland			7b. CITIZEN OF WHAT COUNTRY? USA			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Garrett			Md.		
10. CITY OR TOWN OF DEATH Oakland			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Oak Rest Nursing Home			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Clerk			12b. KIND OF BUSINESS OR INDUSTRY Gen. Store					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland			13b. COUNTY Garrett			13c. CITY OR TOWN McHenry			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> ND <input type="checkbox"/>		13e. STREET AND NUMBER			
14. FATHER'S NAME First Middle Last John W. Friend						15. MOTHER'S MAIDEN NAME First Middle Last Mary E. Markley								
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) No			16b. SOCIAL SECURITY NO. 220-30-8507A			17. INFORMANT Address (Daughter) Mrs. Verlyn Carr, McHenry, Md.								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)														
PART 1. DEATH WAS CAUSED BY:														
IMMEDIATE CAUSE (a) Cerebral Thrombosis														
DUE TO, OR AS A CONSEQUENCE OF (b) Atherosclerosis general.														
DUE TO, OR AS A CONSEQUENCE OF (c)														
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)														
332X														
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> ND <input checked="" type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> of work at work			21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State								
22a. I certify that (I) (this hospital) attended the deceased from Sept , 19 66 , to Oct , 19 68 , that (I) (we) last saw the deceased alive on 10.2 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.														
22b. SIGNATURE B. L. Grant, M.D.						DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22c. DATE SIGNED 10-10-68					
22d. PHYSICIAN'S NAME (Type) B. L. Grant, M.D.						22e. ADDRESS Oakland, Maryland								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 10/12/68			23c. NAME OF CEMETERY OR CREMATORY Thayerville Cemetery			23d. LOCATION (City or Town) (County) (State) Thayerville, Garr., Md.					
24. FUNERAL DIRECTOR John O. Durst, Oakland, Maryland						25a. REC'D BY REGISTRAR DATE OCT 14 1968			25b. REGISTRAR'S SIGNATURE Charles Judge					

MEDICAL CERTIFICATION

24241

421

(212)

SUBJECTS

10



726

4080-06-057

100

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

14440

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14447

1. DECEASED-NAME (Type or print)			First	Middle	Lost	2a. DATE OF DEATH Month Day Year			2b. HOUR		
Konstantin Stanley Stulpin						Oct. 27, 1968			11:45		
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	
Male		White		March 17, 1886		82 YRS.					
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH					
Lithuania		USA				GARRETT		Md.			
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY		
Oakland			Rt. 2			Miner			Coal		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER			
Maryland			Garrett		Oakland			Rt. 2			
14. FATHER'S NAME			First	Middle	Lost	15. MOTHER'S MAIDEN NAME			First	Middle	Lost
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO.			17. INFORMANT					
no			232-29-5385			Mrs. William Lucas Rt. 2 Oakland, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerosis</u> 4409 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>years</u>		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) <u>4500 Chronic pulmonary disease</u>											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION		Street or R.F.D. No.		City or Town		County	State
22a. I certify that (I) (this hospital) attended the deceased from _____, 19 <u>50</u> , to <u>27 Oct</u> , 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>27 Oct</u> , 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <u>A. E. Mance</u>					22c. DATE SIGNED <u>28 Oct 68</u>						
22d. PHYSICIAN'S NAME (Type) A. E. Mance					22e. ADDRESS Oakland, Md.						
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town)		(County)		(State)	
Burial		10/29/68		St. Peter's Ch. Cem.		Oakland, Maryland					
24. FUNERAL DIRECTOR <u>Gerald Minnich</u>					ADDRESS Oakland, Maryland		25a. REC'D BY REGISTRAR DATE <u>OCT 31 1968</u>		25b. REGISTRAR'S SIGNATURE <u>J. Charles Judge</u>		

10443

10443

10443

10443

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
CERTIFICATE OF DEATH											
1. DECEASED-NAME (Type or print)			First	Middle	Lost	2a. DATE OF DEATH Month		Day	Year	2b. HCAM	
George Wesley Thomas						October		7,	1968	2:23 AM	
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years lost birthday)		IF UNDER 1 YEAR MONTHS		IF UNDER 24 HRS. HOURS	
Male		White		February 10, 1893		75 YRS.					
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH		Md.			
W.Va.		U.S.A.				Garrett					
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired)		12b. KIND OF BUSINESS OR INDUSTRY			
Oakland			Garrett Co. Memorial Hosp.			Retired Miner		coal Mines			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER				
W.Va.			Mineral Elk Garden				Shaw Rd.				
14. FATHER'S NAME			First	Middle	Lost	15. MOTHER'S MAIDEN NAME			First	Middle	Lost
David					Thomas	Mary					Green
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown			16b. SOCIAL SECURITY NO.		17. INFORMANT			Address			
No			236-03-8252		Mrs. Emma M. Thomas			Elk Garden, W. Va.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Stomach</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>Leukemias</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>151X</u>										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>months</u> <u>weeks</u> <u>years</u>	
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State							
22a. I certify that (I) (this hospital) attended the deceased from <u>Sept. 5, 1967</u> , to <u>Oct. 6, 1968</u> , that (I) (we) last saw the deceased alive on <u>Oct. 6, 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <u>Dr. A. E. Mance</u>					DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED <u>Sept 68</u>				
22d. PHYSICIAN'S NAME (Type) <u>Dr. A. E. Mance</u>					22e. ADDRESS <u>Oakland, Maryland 21550</u>						
23a. BURIAL, CREMATION, or other disposition		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City or Town) (County) (State)				
<u>Buried</u>		<u>Oct. 9/68</u>		<u>I.O.O.F. Cemetery</u>			<u>Elk Garden, Mineral, W. Va</u>				
24. FUNERAL DIRECTOR <u>Amy Mildred Sharpless</u>					ADDRESS <u>Blaine, W. Va</u>		25a. REC'D BY REGISTRAR <u>P.O. Kitzmiller, Mo.</u>		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>		
					DATE <u>OCT 11 1968</u>						

14428

1908 7:23

PHOTOGRAPHED IN 1908 7:23

UNITED STATES

1908 7:23

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1908 7:23

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

14442

14449

1. DECEASED-NAME (Type or print) David Wayne TICHINEL			2a. DATE OF DEATH Month 8 Day 1968			2b. HOUR M			
3. SEX MALE		4. RACE WHITE		5. DATE OF BIRTH OCTOBER 7, 1968		6. AGE (In years last birthday) YRS. 1 MONTHS 12 DAYS 13 HOURS 12 MIN.		IF UNDER 1 YEAR MONTHS 1 DAYS 12 HOURS 12 MIN.	
7a. BIRTHPLACE (State or foreign country) MD		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Garrett			
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD		13b. COUNTY Garrett		13c. CITY OR TOWN Oakland		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 104 Pennington St.	
14. FATHER'S NAME First George A. Middle Tichinel Last Virginia			15. MOTHER'S MAIDEN NAME First Maie Middle Elliott Last						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown)			16b. SOCIAL SECURITY NO.			17. INFORMANT George A Tichinel Address 104 Pennington St. Oakland			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure 776.2 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Prematurity (Wgt. 1 lb 13 oz) DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 7735									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from 10/7 , 19 68 , to 10/8 , 19 68 , that (I) (we) lost saw the deceased alive on 10/8 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE Herbert H. Seigler				DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 8 Oct 68			
22d. PHYSICIAN'S NAME (Type) Herbert H. Seigler				22e. ADDRESS Oakland, MD					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-10-68		23c. NAME OF CEMETERY OR CREMATORY Turner Cemetery		23d. LOCATION (City or Town) (County) (State) RFD Kitzmiller Garrett MD			
24. FUNERAL DIRECTOR Robert Kyle Butts Jr.				ADDRESS Kitzmiller, Md.		25a. REC'D BY REGISTRAR DATE OCT 14 1968		25b. REGISTRAR'S SIGNATURE [Signature]	

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THE STATE OF TEXAS

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

14443		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				14450					
CERTIFICATE OF DEATH											
1. DECEASED-NAME (Type or print)			First	Middle	Lost	2a. DATE OF DEATH Month Day Year		2b. HOUR a. MIN.			
Airey			William	Whitehead		October 19 1968		11:45			
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	
Male		White		April 10, 1905		63 YRS.					
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		B. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH		Md.			
Frostburg, Md.		USA				GARRETT					
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY					
Oakland		Oak Rest Nursing Home		Miner		Coal					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER			
Maryland		Allegheny		Midlothian		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
14. FATHER'S NAME			First	Middle	Lost	15. MOTHER'S MAIDEN NAME			First	Middle	Lost
William			Whitehead			Amanda			Eisenrout		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown			16b. SOCIAL SECURITY NO.		17. INFORMANT			Address Md.			
no			213-05-7103		Mrs. Minnie T. Whitehead			Midlothian, Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> <u>4109</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>arteriosclerosis</u> DUE TO, OR AS A CONSEQUENCE OF (c) _____								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>hr.</u> <u>yr.</u>			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) <u>4201</u>											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No.		City or Town		County		State
22a. I certify that (I) (this hospital) attended the deceased from <u>Aug</u> , 19 <u>68</u> , to <u>Oct</u> , 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>10-19-68</u> 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <u>B. L. Grant</u>					DEGREE M.D.		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED		
22d. PHYSICIAN'S NAME (Type) B. L. Grant,					22e. ADDRESS Oakland, Md.						
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City or Town) (County) (State)				
Burial		10/22/68		Frostburg Mem. Park			Frostburg, Md.				
24. FUNERAL DIRECTOR Joseph R. Durst, Frostburg, Md. 21532					25a. REC'D BY REGISTRAR DATE OCT 23 1968		25b. REGISTRAR'S SIGNATURE <u>William J. Judge</u>				

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